

GEORGIA DEPARTMENT OF AGRICULTURE
FUEL & MEASURES DIVISION
CAPITOL SQUARE, ATLANTA, GA 30334
TELEPHONE 404-656-3704 -FAX 404-656-9648

**ANNUAL APPLICATION FOR ANTIFREEZE BRAND REGISTRATION
FOR THE YEAR BEGINNING JULY 1, _____**

In accordance with Georgia Law O.C.G.A. 10-1-200 et seq. governing the registration and sale of antifreeze this application is hereby submitted for the following antifreeze/engine coolant product:

PERMIT TO BE ISSUED TO: (Brand Name as indicated on the container label.)

BRAND NAME: _____

NAME & ADDRESS OF
MANUFACTURER, PACKER, OR DISTRIBUTOR
(as indicated on label including any qualifying statement used). _____

PRODUCT MANUFACTURED BY:

COMPANY NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON / TITLE _____

TELEPHONE # _____ FAX # _____ EMAIL _____

PERMIT TO BE MAILED TO:

COMPANY NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

CONTACT PERSON / TITLE _____

TELEPHONE# _____ FAX# _____ EMAIL _____

This application must be accompanied by (1) fee, (2) label (front & rear color label as would appear on container), and (3) formulation certificate attachment. Certified test report (s) will be submitted if required.

I, hereby certify that, to my knowledge, all information contained herein is true and accurate. I further certify that I am an authorized agent or representative of this antifreeze brand.

SIGNATURE	NAME (PLEASE PRINT OR TYPE)	DATE
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INCLUDE TITLE, COMPANY, ADDRESS, TELEPHONE #, FAX #, & EMAIL ADDRESS IF NOT ELSEWHERE ON THIS FORM.

FUEL & MEASURES OFFICE USE ONLY

<input type="checkbox"/> APPLICATION	<input type="checkbox"/> APPROVED	<input type="checkbox"/> REJECTED / DATE _____
<input type="checkbox"/> \$25.00 FEE		
<input type="checkbox"/> LABELS	<input type="checkbox"/> APPLICANT NOTIFIED / DATE _____	
<input type="checkbox"/> FORMULATION CERTIFICATE		
<input type="checkbox"/> CERTIFIED LAB TEST REPORT		PERMIT# _____